

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555479	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/19/2024
NAME OF PROVIDER OR SUPPLIER Delano District Skilled Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 1509 Tokay Street Delano, CA 93215	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>50939</p> <p>Based on observation, interview, and record review, the facility failed to follow their policy and procedure titled, Enteral Therapy/Tube Feeding, to ensure two of five sampled residents' (Resident 1 and Resident 5) tube feeding (tube attached to the stomach used to pass through nutrition, hydration, and medication) bags were labeled with dates and time. This failure had a potential to result in Resident 1 and Resident 5 consuming contaminated feeding formula from old tube feeding bags and result in adverse health outcomes.</p> <p>Findings:</p> <p>During an observation on 7/19/2024 at 9:45 a.m. in Resident 1's room, there were two tube feeding bags hanging on a pole which were not labeled with time and date.</p> <p>During a review of Resident 1's Admission Records (AR), dated 4/23/2024, the AR indicated, Resident 1 had a diagnosis of encounter for attention to gastrostomy (G-Tube-tube inserted through the wall of the abdomen directly into the stomach for nutrition, hydration, and medication).</p> <p>During a review of Resident 1's Progress Notes (PN), dated 7/14/2024, the PN indicated Resident 1 is on Jevity 1.5 (tube feeding formula for balanced nutrition for residents who need more calories and protein) via tube feeding.</p> <p>During an interview on 7/19/2024 at 9:59 a.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated the two of the tube feeding bags were not labeled with time and date and the tube feeding bags should be labeled.</p> <p>During an observation on 7/19/2024 at 10:40 a.m., at the nurse's station, Resident 5 was sitting in her wheelchair, there was pole with the feeding tube attached to her stomach. Resident 2's tube feeding bag was not labeled with time.</p> <p>During a review of Resident 5's Admission Records (AR), dated 2/15/2024, the AR indicated, Resident 5 had a diagnosis of encounter for attention to gastrostomy.</p> <p>During a review of Resident 5's Progress Notes (PN), dated 3/4/2024, the PN indicated Resident 5 is on Jevity 1.5.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 7/19/2024 at 10:42 a.m. with Registered Nurse (RN) 1, RN 1 stated Resident 5's tube feeding bag was not labeled with time and the tube feeding bag should be labeled.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Enteral Therapy/Tube Feeding, dated June 5, 2014, the P& P indicated, Procedure: K. Each bag should be labeled with resident's name, date, room #, time formula was started.</p>		